

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Er#: 358200 Phone: 707/766-9790 0666
 Name: M T B INCORPORATED
 Addr: 620 PETALUMA BLVD #C-2
 PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
 For Work Performed During: 05/2007
 Rate Code: 298
 Contribution Due: 06/10/2007
 Delinquent If Received After: 06/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: / /
 Deposit Date: / /
 Check Number:
 Check Amount:
 Entered By:

CONTRACT

Area: 0666 NORTH BAY Agreement: 20 A/C SPECIALIST
 Asso.: 81 SMACNA Job Class: 201 2ND 6 MONTHS

RATE CODE 298

Total Hours Worked Rate
 Health .00
 SHC .44
 Nor Cal Pension .31
 National Pension .39
 Dues Check Off .76
 Appr Train .98
 SMOHIT .00
 Industry Prom .65
 Supp Pen 1 .22
 Supp Pen 2 .00
 Vacation .90
 Total 4.65 (1)

Overtime Hours Rate

Supp Pen 2 .000
 Vacation .450
 Total .450 (2)

Double Time Hours Rate

Supp Pen 2 .00
 Vacation .90
 Total .90 (3)

Minimum Health Care

Hours Rate
 Health 7.04
 Total 7.04 (4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.

Valuelakase 6/10/07 Acctg. Mgr.
 Certifying Signature Date Title

☒ Check here if No Hours to report for Rate Code 298.

Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: Remit form(s) and payment to:
 SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND
 ATTN: CONTRIBUTION DEPT.
 PO BOX 45312
 SAN FRANCISCO CA 94145-45312

TOTAL HOURS: 156.5 18
 MULTIPLY TOTAL HOURS BY RATE: N/A .450 (2) .90 (3) 4.65 (1) 7.04 (4)
 AMOUNT DUE: 8.10 811.43 1228.48

RATE CODE 298 TOTAL AMOUNT DUE:

2048.-

ADJUSTMENT
 (Note Reason)

EMPLOYER 358200 TOTAL AMOUNT DUE:
 (Check Amount)

6579.00

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Er#: 358200 Phone: 707/766-9790 0666
Name: M T B INCORPORATED
Addr: 620 PETALUMA BLVD #C-2
PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
For Work Performed During: 05/2007
Rate Code: 118
Contribution Due: 06/10/2007
Delinquent If Received After: 06/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: 6/10/07
Deposit Date: 6/20/07
Check Number:
Check Amount: Paid
Entered By:

CONTRACT

Area: 0666 NORTH BAY Agreement: 01 BUILDING TRADES - PRE-APPRENTICE
Asso.: 81 SMACNA Job Class: 100 PRE-APPRENTICE

RATE CODE 118

Total Hours Worked Rate

Health .00
SHC .00
Nor Cal Pension .00
National Pension .00
Dues Check Off .25
Appr Train .87
SMOHT .00
Industry Prom .65
Supp Pen 1 .00
Supp Pen 2 .00
Vacation .75
Total 2.52 ⁽¹⁾

Overtime Hours Rate

Supp Pen 2 .000
Vacation .375
Total .375 ⁽²⁾

Double Time Hours Rate

Supp Pen 2 .00
Vacation .75
Total .75 ⁽³⁾

Minimum Health Care

Hours Rate
Health 7.04
Total 7.04 ⁽⁴⁾

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.

Patricia Jean 6/10/07 Acct'g. Mgr.
Certifying Signature Date Title

Check here if No Hours to report for Rate Code 118.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to:
SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

TOTAL HOURS:

MULTIPLY TOTAL HOURS BY RATE:

AMOUNT DUE:

N/A	.375 ⁽²⁾	.75 ⁽³⁾	2.52 ⁽¹⁾	7.04 ⁽⁴⁾
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RATE CODE 118 TOTAL AMOUNT DUE:

METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUS
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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Er#: 358200 Phone: 707/766-9790 0666
Name: M T B INCORPORATED
Addr: 620 PETALUMA BLVD #C-2
PETALUMA CA 94952-2870

REPORTING DATES

Local:	104
For Work Performed During:	05/2007
Rate Code:	126
Contribution Due:	06/10/2007
Delinquent If Received After:	06/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: _____/_____/_____
Deposit Date: _____/_____/_____
Check Number: _____
Check Amount: _____
Entered By: _____

CONTRACT

Area:	0666 NORTH BAY	Agreement:	10 BUILDING TRADES
Asso.:	81 SMACNA	Job Class:	300 JOURNEYPERSON, FOREPERSON 2

RATE CODE 126

Total	Hours Worked	Rate
Health	8.43	
SHC	.44	
Nor Cal Pension	5.80	
National Pension	1.84	
Dues Check Off	2.32	
Appr Train	1.00	
SMO HIT	.02	
Industry Prom	.65	
Supp Pen 1	1.50	
Supp Pen 2	.00	
Vacation	5.30	
Total	27.30	(1)

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign an

by the above-named employer to sign and submit this report on behalf of such Employer.

Samuel Allane 6/10/07 Acct'g Mgr.
 Certifying Signature Date Title

☐ Check here if No Hours to report for Rate Code 126.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

RATE CODE 126 TOTAL AMOUNT DUE: ~~4471.00~~
4487.80

METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST

METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Er#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 05/2007 Rate Code: 141 Contribution Due: 06/10/2007 Delinquent If Received After: 06/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____

CONTRACT

Area:	0666 NORTH BAY	Agreement:	70	SERVICE TECHNICIAN
Asso.:	81 SMACNA	Job Class:	252	TRAINEE 2ND 6 MONTHS

RATE CODE 141

Total Hours Worked	Rate
Health	.00
SHC	.44
Nor Cal Pension	1.08
National Pension	.64
Dues Check Off	.70
Appr Train	1.00
SMOHIT	.00
Industry Prom	.65
Supp Pen 1	.30
Supp Pen 2	.00
Vacation	1.80
Total	6.61 (1)

Overtime Hours Rate

Supp Pen 2	.000
Vacation	.900
Total	<u>900 (2)</u>

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	1.80	
Total	1.80	(3)

Minimum Health Care

Health	7.04	
Total	<u>7.04</u>	(4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and

by the above-named Employer to sign and submit this report on behalf of such Employer.

Maria Elena 6/10/07 Asst. Mgr.
 Certifying Signature Date Title

☒ Check here if No Hours to report for Rate Code 141.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

RATE CODE 141 TOTAL AMOUNT DUE:

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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Er#: 358200 Phone: 707/766-9790 0666
Name: M T B INCORPORATED
Addr: 620 PETALUMA BLVD #C-2
PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
For Work Performed During: 05/2007
Rate Code: 144
Contribution Due: 06/10/2007
Delinquent If Received After: 06/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: ____/____/____
Deposit Date: ____/____/____
Check Number: _____
Check Amount: _____
Entered By: _____

CONTRACT

Area:	0666 NORTH BAY	Agreement:	70	SERVICE TECHNICIAN
Asso.:	81 SMACNA	Job Class:	600	SERVICE TECHNICIAN 2

RATE CODE 144

Total Hours Worked Rate	
Health	.00
SHC	.44
Nor Cal Pension	2.25
National Pension	.81
Dues Check Off	1.10
Appr Train	1.00
SMO HIT	.00
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	.00
Vacation	4.30
Total	12.05 (t)

Overtime Hours Rate

Supp Pen 2	.000
Vacation	2.150
Total	2.150 ⁽²⁾

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	<u>4.30</u>	
Total	4.30	(3)

Minimum Health Care

Health	7.04	
Total	<u>7.04</u>	(4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and

by the above-named employer to sign and submit this report on behalf of such Employer.

Gabelelafeane 6/10/07 Asst. G. Mgr.
Certifying Signature Date Title

☒ Check here if No Hours to report for Rate Code 144.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

RATE CODE 144 TOTAL AMOUNT DUE:

METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Err#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 05/2007 Rate Code: 196 Contribution Due: 06/10/2007 Delinquent If Received After: 06/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 10 BUILDING TRADES
Asso.: 81 SMACNA Job Class: 301 JOURNEYPerson, Foreperson 3

RATE CODE 196

Total Hours Worked Rate	
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	1.50
Vacation	5.30
Total	28.80 (t)

Overtime Hours Rate

Supp Pen 2	.750
Vacation	2.650
Total	<u>3.400</u> ⁽²⁾

Double Time Hours Rate

Supp Pen 2	1.50	
Vacation	5.30	
Total	6.80	(3)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign an

Guadalupe 6/6/02 Acctg. Mgr.

☒ Check here if No Hours to report for Rate Code 196.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by 5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

RATE CODE 196 TOTAL AMOUNT DUE:

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EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Er#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 05/2007 Rate Code: 217 Contribution Due: 06/10/2007 Delinquent If Received After: 06/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____ Entered By: _____
CONTRACT		

CONTRACT

Area: 0666 NORTH BAY Agreement: 10 BUILDING TRADES
Asso.: 81 SMACNA Job Class: 150 APPRENTICE

RATE CODE 217

Total Hours Worked	Rate
Health	8.43
SHC	.44
Nor Cal Pension	1.20
National Pension	1.07
Dues Check Off	1.00
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	.50
Supp Pen 2	.00
Vacation	1.50
Total	15.81

Overtime Hours Rate

Supp Pen 2	.000
Vacation	.750
Total	<u>.750</u> ⁽²⁾

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	1.50	
Total	1.50	(3)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and

by the above-named employer, to sign and submit this report on behalf of such Employer.

Yusef Lane 10/6/7 Act'g. Mgr.
Certifying Signature Date Title

☒ Check here if No Hours to report for Rate Code 217.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: **SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND**

Remit form(s) and payment to: **SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312**

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

RATE CODE 217 TOTAL AMOUNT DUE:

Case 3:07-cv-05204-JM Document 16-5 Filed 01/22/2008 Page 8 of 16

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Er#: 358200 Phone: 707/766-9790 0666
Name: M T B INCORPORATED
Addr: 620 PETALUMA BLVD #C-2
PETALUMA CA 94952-2870

REPORTING DATES

Local:	104
For Work Performed During:	05/2007
Rate Code:	227
Contribution Due:	06/10/2007
Delinquent If Received After:	06/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: _____
Deposit Date: _____
Check Number: _____
Check Amount: _____
Entered By: _____

CONTRACT

Area:	0666	NORTH BAY	Agreement:	10	BUILDING TRADES
Asso.:	81	SMACNA	Job Class:	302	JOURNEYPERSON, FOREPERSON 4

RATE CODE 227

Total Hours Worked	Rate
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMO HIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	3.50
Vacation	5.30
Total	30.80 (t)

Overtime Hours Rate

Supp Pen 2	1.750
Vacation	2.650
Total	<u>4.400</u> ⁽²⁾

Double Time Hours Rate

Supp Pen 2	3.50	
Vacation	5.30	
Total	8.80	(3)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and

by the above-named employer to sign and submit this report on behalf of such Employer.

Wabunallone 6/10/07 Acct

☒ Check here if No Hours to report for Rate Code 227.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by 5, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]**RATE CODE 227 TOTAL AMOUNT DUE:**

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Emp#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 06/2007 Rate Code: 298 Contribution Due: 07/10/2007 Delinquent If Received After: 07/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: ____ Check Amount: ____

CONTRACT _____ Entered By: _____

Area: 0666 NORTH BAY Agreement: 20 A/C SPECIALIST
Asso.: 81 SMACNA Job Class: 201 2ND 6 MONTHS

RATE CODE 298

Total Hours Worked Rate	
Health	.00
SHC	.44
Nor Cal Pension	.31
National Pension	.39
Dues Check Off	.76
Appr Train	.98
SMOHT	.00
Industry Prom	.65
Supp Pen 1	.22
Supp Pen 2	.00
Vacation	.90
Total	4.65 (t)

Overtime Hours Rate

Supp Pen 2	.000
Vacation	.450
Total	<u>.450</u> (2)

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	.90	
Total	<u>.90</u>	(3)

Minimum Health Care

Health	7.04	
Total	<u>7.04</u>	(4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

Debra M. Parks 7-10-07 Health Advisor

☐ Check here if No Hours to report for Rate Code 298.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to: SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

*All hours reported should be the actual hours worked and not multiplied by 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

[illegible]

RATE CODE 298 TOTAL AMOUNT DUE:

ADJUSTMENT
(Note Reason)

EMPLOYER 358200 TOTAL AMOUNT DUE:
(Check Amount)

Case 3:07-cv-03204-PJH Document 16-5 Filed 01/22/2008 Page 10 of 16

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS		REPORTING DATES	FOR ADMINISTRATION USE ONLY
Er#: 358200	Phone: 707/766-9790 0666	Local: 104	Postmark Date: ____/____/____
Name: M T B INCORPORATED		For Work Performed During: 06/2007	Deposit Date: ____/____/____
Addr: 620 PETALUMA BLVD #C-2		Rate Code: 126	Check Number: _____
PETALUMA CA 94952-2870		Contribution Due: 07/10/2007	Check Amount: _____
		Delinquent If Received After: 07/20/2007	Entered By: _____
CONTRACT			

CONTRACT

Area: 0666 NORTH BAY Agreement: 10 BUILDING TRADES
Asso: 81 SMACNA Job Class: 300 JOURNEYPERSON, FOREPERSON 2

RATE CODE 126 **EMPLOYEE HOURS REPORTED** *All hours reported should be the actual hours worked and not multiplied by 5, 1.5 or 2.*

Total Hours Worked	Rate
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	.00
Vacation	5.30
Total	27.30

EMPLOYEE HOURS REPORTED All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
Total Regular Hours: _____ During straight time worked _____ overtime hours _____ and double time hours _____

[illegible]

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and

performs that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.

Nabeela Varghese 7-10-07 *Nabeela Varghese*

Certifying Signature Date Title

TOTAL HOURS:				178
MULTIPLY TOTAL HOURS BY RATE:	N/A	2.650 ⁽²⁾	5.30 ⁽³⁾	27.30 ⁽¹⁾
AMOUNT DUE:				4968.00

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to: SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

RATE CODE 126 TOTAL AMOUNT DUE: 4452.00

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Erk: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 06/2007 Rate Code: 118 Contribution Due: 07/10/2007 Delinquent If Received After: 07/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 01 BUILDING TRADES - PRE-APPRENTICE
Asso: 81 SMACNA Job Class: 100 PRE-APPRENTICE

RATE CODE 118

Total Hours Worked Rate	
Health	.00
SHC	.00
Nor Cal Pension	.00
National Pension	.00
Dues Check Off	.25
Appr Train	.87
SMO/IT	.00
Industry Prom	.65
Supp Pen 1	.00
Supp Pen 2	.00
Vacation	.75
Total	2.52

Overtime Hours Rate

Supp Pen 2	.000
Vacation	.375
Total	.375 (2)

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	.75	
Total	<u>.75</u>	(3)

Minimum Health Care

Health	7.04	
Total	<u>7.04</u>	(a)

EMPLOYER CERTIFICATION

The Employer certifies that the Information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

Virginia Lee 7-10-57 Acct. Mgr.

☒ Check here if No Hours to report for Rate Code 118.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to: SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

*All hours reported should be the actual hours worked and not multiplied by 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours and double time hours.*

[illegible]

RATE CODE 118 TOTAL AMOUNT DUE:

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Ent#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 06/2007 Rate Code: 141 Contribution Due: 07/10/2007 Delinquent If Received After: 07/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 70 SERVICE TECHNICIAN
Asso.: 81 SMACNA Job Class: 252 TRAINEE 2ND 6 MONTHS

RATE CODE 14

Total Hours Worked Rate	
Health	.00
SHC	.44
Nor Cal Pension	1.08
National Pension	.64
Dues Check Off	.70
Appr Train	1.00
SMO HIT	.00
Industry Prom	.65
Supp Pen 1	.30
Supp Pen 2	.00
Vacation	1.80
Total	6.61 (1)

Overtime Hours Rate

Supp Pen 2	.000
Vacation	.900
Total	<u>.900</u> (2)

Double Time Hours Rate

Supp Pen 2	.00	
Vacation	1.80	
Total	<u>1.80</u>	(3)

Minimum Health Care

Health	7.04	
Total	<u>7.04</u>	(4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

and submit this report on behalf of such Employer.

Certifying Signature _____ Date _____
☒ Check here if No Hours to report for Bale Code 141.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

TOTAL HOURS:					
MULTIPLY TOTAL HOURS BY RATE:	N/A	.900 ⁽²⁾	1.80 ⁽³⁾	6.61 ⁽¹⁾	7.04 ⁽⁴⁾
AMOUNT DUE:					

RATE CODE 141 TOTAL AMOUNT DUE:

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS		REPORTING DATES		FOR ADMINISTRATION USE ONLY	
Ent#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870		Local: 104 For Work Performed During: 06/2007 Rate Code: 144 Contribution Due: 07/10/2007 Delinquent If Received After: 07/20/2007		Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____ Entered By: _____	
CONTRACT					

CONTRACT _____ Entered By: _____
Area: 0666 NORTH BAY Agreement: 70 SERVICE TECHNICIAN
Asso.: 81 SMACNA Job Class: 600 SERVICE TECHNICIAN 2

RATE CODE 144		EMPLOYEE HOURS REPORTED <small>All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours.</small>						
Total Hours Worked Rate		SOC. SEC. NUMBER	EMPLOYEE NAME <small>(Last Name, First Name, Middle Initial)</small>	STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED	130 MINIMUM HEALTH CARE HOURS
Health	.00	559-47-7647	WALKER, CHRISTOPHER					
SHC	.44							
Nor Cal Pension	2.25							
National Pension	.81							
Dues Check Off	1.10							
Appr Train	1.00							
SMOHIT	.00							
Industry Prom	.65							
Supp Pen 1	1.50							
Supp Pen 2	.00							
Vacation	4.30							
Total	12.05⁽¹⁾							
Overtime Hours Rate								
Supp Pen 2	.000							
Vacation	2.150							
Total	2.150⁽²⁾							
Double Time Hours Rate								
Supp Pen 2	.00							
Vacation	4.30							
Total	4.30⁽³⁾							
Minimum Health Care Hours Rate								
Health	7.04							
Total	7.04⁽⁴⁾							
EMPLOYER CERTIFICATION								
The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.								
Certifying Signature _____ Date _____ Title _____								
<input checked="" type="checkbox"/> Check here if No Hours to report for Rate Code 144.								
Please retain a copy of the form(s) for your records.								
		TOTAL HOURS:						
		MULTIPLY TOTAL HOURS BY RATE:		N/A	2.150 ⁽²⁾	4.30 ⁽³⁾	12.05 ⁽¹⁾	7.04 ⁽⁴⁾
		AMOUNT DUE:						

REMITTANCE ADDRESS	
Total all form(s) and issue one check payable to:	Remit form(s) and payment to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND	SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

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SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND
EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS	REPORTING DATES	FOR ADMINISTRATION USE ONLY
Ent#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870	Local: 104 For Work Performed During: 06/2007 Rate Code: 196 Contribution Due: 07/10/2007 Delinquent If Received After: 07/20/2007	Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 10 BUILDING TRADES
 Asso.: 81 SMACNA Job Class: 301 JOURNEYPERSON, FOREPERSON 3

RATE CODE 196

Total Hours	Worked	Rate
Health		8.43
SHC		.44
Nor Cal Pension		5.80
National Pension		1.84
Dues Check Off		2.32
Appr Train		1.00
SMOHI		.02
Industry Prom		.65
Supp Pen 1		1.50
Supp Pen 2		1.50
Vacation		5.30
Total		<u>28.80</u> (1)

Overtime Hourly Rate

Supp Pen 2	.750	
Vacation	2.650	
Total	<u>3.400</u>	(2)

Double Time Hours Rate

Supp Pen 2	1.50	
Vacation	<u>5.30</u>	
Total	6.80	(3)

EMPLOYEE HOURS REPORTED

-All hours reported should be the actual hours worked and not multiplied by .6, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.

[illegible]

**EMPLOYER
CERTIFICATION**

The Employer certifies that the information herein is correct, that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employee(s) to sign a

Certifying Signature Date Title

☒ Check here if No Hours to report for Rate Code 196.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to: SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

RATE CODE 196 TOTAL AMOUNT DUE:

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND
EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS		REPORTING DATES		FOR ADMINISTRATION USE ONLY	
E#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870		Local: 104 For Work Performed During: 06/2007 Rate Code: 217 Contribution Due: 07/10/2007 Delinquent If Received After: 07/20/2007		Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____ Entered By: _____	
CONTRACT					

CONTRACT		Entered By: _____	
Area: 0666 NORTH BAY	Agreement: 10	BUILDING TRADES	
ASSO.: 81 SMACNA	Job Class: 150	APPRENTICE	

RATE CODE 217

Total Hours Worked Rate	
Health	8.43
SHC	.44
Nor Cal Pension	1.20
National Pension	1.07
Dues Check Off	1.00
Appr Train	1.00
SMOHI	.02
Industry Prom	.65
Supp Pen 1	.50
Supp Pen 2	.50
Vacation	1.00
Total	15.81

Overtime Hours Rate	
Supp Pen 2	.000
Vacation	.750
Total	<u>.750</u> (2)

Double Time Hours Rate	
Supp Pen 2	.00
Vacation	1.50
Total	1.50 (3)

[illegible]

**EMPLOYER
CERTIFICATION**

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trusts therefor and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

Certifying Signature: David L. Lewis Date: 12-10-07 Title: Actg. Mgr.

☒ Check here if No Hours to report for Rate Code 217.
Please retain a copy of the form(s) for your records.

TOTAL HOURS:				
MULTIPLY TOTAL HOURS BY RATE:	N/A	.750 ⁽²⁾	1.50 ⁽³⁾	15.81 ⁽¹⁾
AMOUNT DUE:				

REMITTANCE ADDRESS		RATE CODE 217 TOTAL AMOUNT DUE:	
Total all form(s) and issue one check payable to:		Remit form(s) and payment to:	
SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND		SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312	

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Er#: 358200 Phone: 707/766-9790 0666
Name: M T B INCORPORATED
Addr: 620 PETALUMA BLVD #C-2
PETALUMA CA 94952-2870

REPORTING DATES: 12/31/2011

Local: 104
For Work Performed During: 06/2007
Rate Code: 227
Contribution Due: 07/10/2007
Delinquent If Received After: 07/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: ____/____/____
Deposit Date: ____/____/____
Check Number: _____
Check Amount: _____
Entered By: _____

CONTRACT

Area:	0666 NORTH BAY	Agreement:	10 BUILDING TRADES
Assn.:	81 SMACNA	Job Class:	302 JOURNEYPERSON, FOREPERSON 4

RATE CODE 227

Total Hours Worked	Rate
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	3.50
Vacation	5.30
Total	30.80

Overtime Hours Rate

Supp Pen 2	1.750
Vacation	2.650
Total	<u>4.400</u> (2)

Double Time Hours Rate

Supp Pen 2	3.50	
Vacation	5.30	
Total	<u>8.80</u>	(3)

EMPLOYEE HOURS REPORTED

**All hours reported should be the actual hours worked and not multiplied by 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.**

[illegible]

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Steel Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a

Certifying Signature: John Moore Date: 7-10-17 Title: Asst. Mgr.

☒ Check here if No Hours to report for Rate Code 227.
Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to: SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

RATE CODE 227 TOTAL AMOUNT DUE: